

DEPARTMENT OF HEALTH & HUMAN SERVICES Health Care Financing Administration James Randolph Farris, M.D. Regional Administrator

1301 Young Street, Room 714 Dallas, Texas 75202 Phone (214) 767-6427 Fax (214) 767-6400

February 14, 2001

Our Reference: WA-TX0110.90.R2

Ms. Linda K. Wertz, State Medicaid Director Health and Human Services Commission Post Office Box 13247 Austin, Texas 78711

Dear Ms. Wertz:

I am pleased to inform you that your amendment request for the Texas Home and Community-Based Services Waiver (HCBSW) No. 0110.90.R2 has been approved effective March 1, 2001. This HCBSW program, as authorized under the provisions of section 1915(c) of the Social Security Act, provides an array of home and community-based services as an alternative to institutionalization in an Intermediate Care Facility for the Mentally Retarded (ICF/MR). This amendment has been assigned control number 0110.90.R2.06 which should be used in all future correspondence regarding the program.

Specifically, the amendment reduces the geographic service area by twenty-two counties (Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler, Anderson, Cherokee, Harris, Nueces, Gregg, Harrison, Marion, Panola, Rusk and Upshur). Recipients living in these counties will be served under the State's Mental Retardation Local Authority Program, HCBSW 0330.

The cost effectiveness will continue as approved for the current waiver years. According to information in your amendment request, the State will submit amendments for revised cost effectiveness at the close of the current waiver years after clients have transferred to the Mental Retardation Local Authority Program, HCBSW 0330.

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For your convenience, a copy of the approved amendment is included with this correspondence. If you have any questions, please contact Cheryl Rupley of my staff at 214-767-6278.

Sincerely,

James Randolph Farris, M.D. Regional Administrator

Enclosure

cc: Director, Center for Medicaid and State Operations

bcc: Original and Reading Files

	Office	Surname	Date	Office	Surname	Date	Office	Surname	Date
FILE									
COPY									